

State of California
CONTRACT AMENDMENT REQUEST
Form MIOCRG 003 (Revised 08/99)

Board of Corrections
Facilities Standards and Operations Division
Mentally Ill Offender Crime Reduction Grant (MIOCRG)

A. County: _____ Contract Number: _____

Grant Dates: From / / To / / Amendment Number: _____

B. Section of contract to be considered for amendment:

C. Justification for amendment (use additional pages as necessary):

D. Requested specific contract language (use additional pages as necessary):

PERSON PREPARING REQUEST

PROJECT FINANCIAL OFFICER

PROJECT MANAGER

Signature

Signature

Signature

Name

Name

Name

Title

Title

Title

Date

Date

Date

Telephone

Telephone

Telephone

Mail to: Board of Corrections, 600 Bercut Drive
Sacramento, California 95814-0185

Approval: _____
Board of Corrections

Date _____